

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 88-257 as amended Failure to comply may result in criminal prosecution, fines or civil penalties as provided by 29 U.S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| · vermo  |  |  |
|--|--|--|
| 1 File Number U \[ \begin{align*} \frac{1322}{2} \end{align*}  | 2 Fiscal Year Covered From  1                              |  |
|  | 1 / 1 / 2004 Through 12 / 31 / 2004                        |  |
| 3 Name and address of person filing  | 4 Name file number and address of labor organization.      |  |
| Name David A Thomas  | Name Sheet Metal Workers Local Union No 20                 |  |
|  | Labor Organization File Number 515 617                     |  |
| P O Box Bldg Room No if any  | P O Box Building and Room Number if any 20530              |  |
| Street 6450 Ameriplex Drive  | Street 2828 E 45th Street                                  |  |
| City Portage   | City Indianapolis  |  |
| State Indiana ZIP Code + 4 46368   | State Indiana ZIP Code + 4 46368                           |  |
| 5 Position in labor organization Business Agent  |  |  |
| A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.   |  |  |
| 6 Name and address of Employer (including trade name if any)   | 7 a. Nature of Interest, Transaction or Income             |  |
| Name SMW LU #20 Joint Appr & Trng Trust  | Expenses for attending the Regional Apprenticeship Contest |  |
| Trade Name if any  |  |  |
| PO Box Bldg Room No if any Suite A   |  |  |
| Street 2828 E 45th Street  | 7 b Amount.  |  |
| 2020 11 43011 002000   |  |  |
| Clty Indianapolis  | \$705 87   |  |
| State Indiana ZIP Code +4 46205  |  |  |
| Signature  |  |  |
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief true correct, and complete (See the section on penalties in the instructions) |  |  |
| Signed Jun Mann  | On 07/05/2005 219-764 1900                                 |  |
| Signed // WWW C. // Commonwealth   |  |  |

Date

Telephone Number

| Name of Person Filing David Thomas | File Number U |
|------------------------------------|---------------|

| B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested |  |  |
|--|--|--|
| 8 Name and address of Business (including trade name if any)   | 9 Business deals with                                |  |
| Name Sheet Metal Association   | 5-2  |  |
| Trade Name if any  | a Labor Organization b Trust                         |  |
| PO Box, Bldg Room No If any  | c. Employer  |  |
| Street 111 W 10th Street Suite 98  | C. Employer  |  |
| City Hobart  |  |  |
| State Indiana ZIP Code + 4 46342   |  |  |
| 10 If 9 b or 9 c. is checked give trust or employer's name   | 11 a Nature of such dealing                          |  |
| Name   | Union to Association                                 |  |
| Trade Name if any  |  |  |
|  |  |  |
| P O Box, Bldg Room No if any   |  |  |
| Street   | 11 b Approximate dollar value of such dealing N/A    |  |
| City   | 12 a Nature of interest held or income received      |  |
| State ZIP Code + 4   | Dinner in connection to officer installation banquet |  |
|  | 12 h Annual Free (est) cool                          |  |
|  | 12 b Amount (est.) \$90                              |  |
| C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value   |  |  |
| 13 a. Name and address of Employer or Labor Relations Consultant (including trade name if any)   | 14 a Nature of payment.                              |  |
|  |  |  |
| Name   |  |  |
| Trade Name If any  |  |  |
| PO Box Bldg Room No if any   |  |  |
| Street   |  |  |
| City [   |  |  |
| State ZIP Code + 4   |  |  |
|  |  |  |

## **DISCLAIMER**

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report

Signature

Date